

March 4, 2003

Re: Medical Dispute Resolution  
MDR #: M2.03.0456.01.SS  
IRO Certificate No.: 5055

Dear:

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to \_\_\_\_ for an independent review. \_\_\_\_ has performed an independent review of the medical records to determine medical necessity. In performing this review, \_\_\_\_ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician who is Board Certified in Orthopedic and Spinal Surgery.

Clinical History:

This 62-year-old woman was injured on her job on \_\_\_\_\_. She is status post anterior cervical discectomy and fusion. She continues to have neck pain predominant syndrome. A recent discogram revealed a large cervical disc at C3-4, and residual spondylosis at C4-5. The pain was concordant at C3-4, where the large herniated nucleus pulposus was demonstrated on the discogram.

Disputed Services:

Anterior cervical discectomy, interbody fusion, bone graft, plating & removal of instrumentation.

Decision:

The reviewer disagrees with the determination of the insurance carrier. The reviewer is of the opinion that the requested procedures are medically necessary in this case.

Rationale for Decision:

At this point, the patient has neck pain predominant syndrome, which has concordant reproduction on the cervical discogram at that C3-4, as well as severe spondylosis at C4-5. The reviewer is of the opinion that a two-level ACDF at these levels has a good to excellent chance of providing her good neck relief.

The recent study in *Spine* by Timothy Garvey, et al., showed at 70% had good to excellent results with this procedure, with these exact indication. The reviewer does not think an MRI is necessary to document any new neural impingement.

I am the Secretary and General Counsel of \_\_\_\_ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this care for determination prior to referral to the Independent Review Organization.

We are simultaneously forwarding copies of this report to the payor and the Texas Workers' Compensation Commission. This decision by \_\_\_\_ is deemed to be a Commission decision and order.

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

**If disputing a spinal surgery prospective decision** a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within ten (10) days** of your receipt of this decision (28 Tex. Admin. Code 142.5©).

**If disputing other prospective medical necessity** (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings **within twenty (20) days** of your receipt of this decision (28 Tex. Admin. Code 148.3).

This Decision is deemed received by you **five (5) days** after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings  
Texas Workers' Compensation Commission  
P.O. Box 40669  
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on March 4, 2003.

Sincerely,